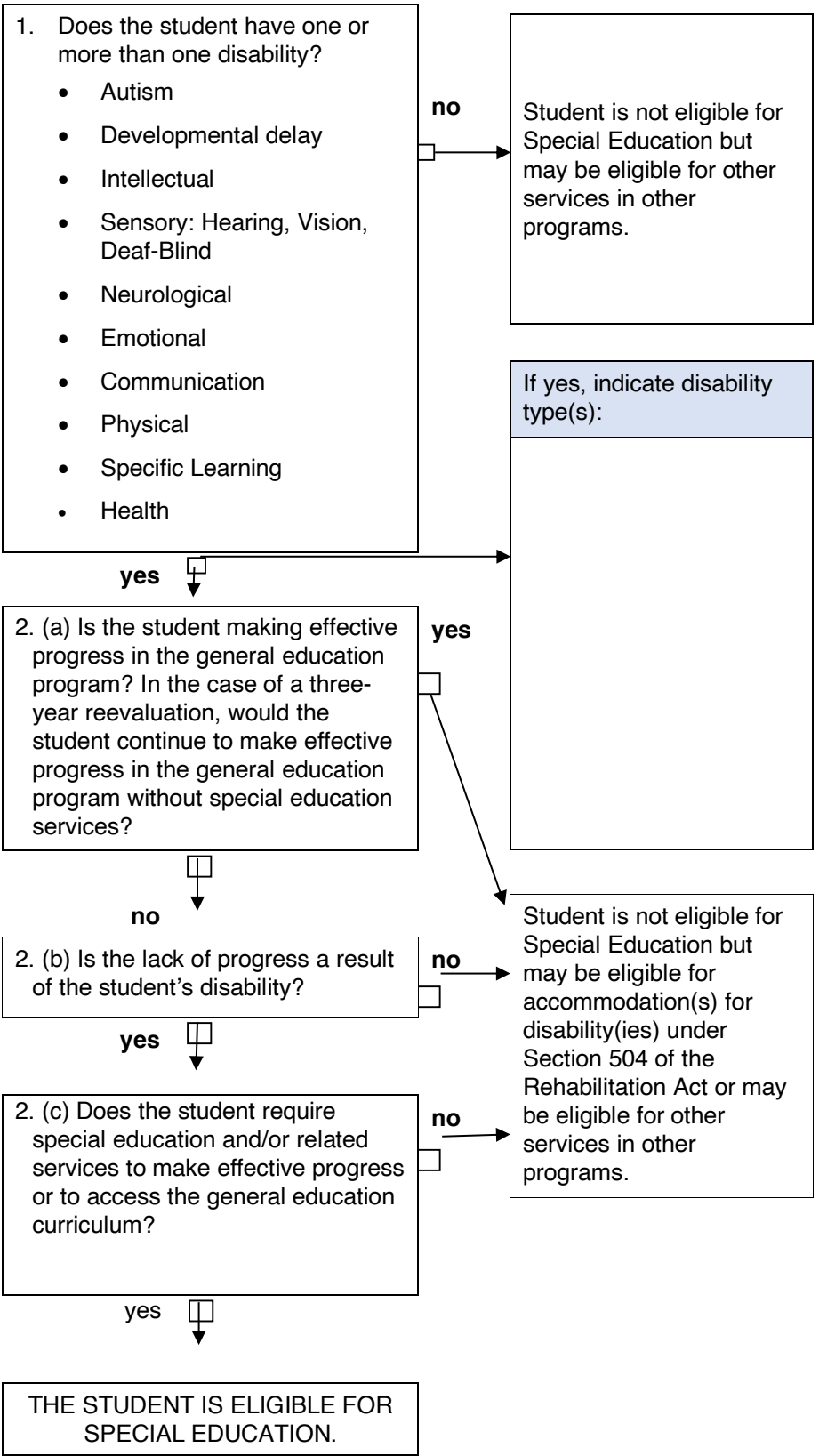


<b>School District Name:</b>	
<b>School District Address:</b>	
<b>School District Contact Person/Phone #:</b>	

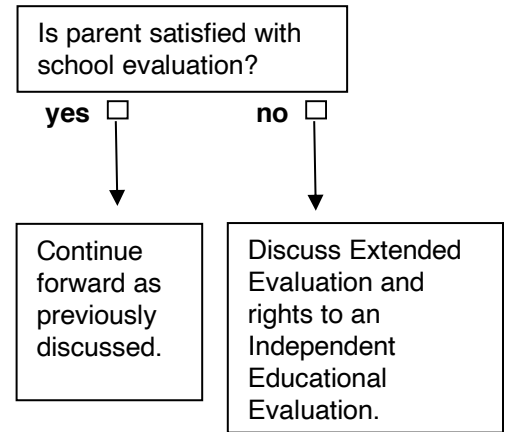
## Special Education Eligibility/Initial and Reevaluation Determination

Student Name:	DOB:	ID#:	Date:
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**A. Proceed through the flowchart until an eligibility determination is reached.**



**B. Answer this question for all students.**



### KEY EVALUATION FINDINGS AND/OR NEXT STEPS